



# PAYROLL / STATUS CHANGE NOTIFICATION

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## CURRENT INFORMATION (Prior To Any Changes)

Employee Name	Address	
Payroll #	City, State	Zip
Social Security #	Phone #	
Department/Division	Position Held	Division Director Name

## CHANGE NOTIFICATION

Only complete the section or sections that are applicable to the employee's change.

### PERSONAL INFORMATION CHANGE

Employee Name	New Address	
New Phone #	City, State	Zip

### DEPARTMENT / POSITION CHANGE

New Department	New Position	Effective Date / /
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### RATE CHANGE

From \$	To \$	Effective Date / /
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### BONUS

From \$	To \$	Effective Date / /
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## REASON FOR CHANGE

- |  |   |
|--|---|
| <input type="checkbox"/> Hired                         | <input type="checkbox"/> Transfer       |
| <input type="checkbox"/> Re-Hired                      | <input type="checkbox"/> Merit Increase |
| <input type="checkbox"/> Promotion                     | <input type="checkbox"/> Resignation    |
| <input type="checkbox"/> Demotion                      | <input type="checkbox"/> Discharge      |
| <input type="checkbox"/> Probationary Period Completed | <input type="checkbox"/> Other          |

Supervisor / Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Payroll Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_